



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)
<b>FY 2005</b> <small>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</small>		VAC.702.US
Application Number 10/090,358		Filed March 4, 2002
For VACUUM ASSISTED WOUND TREATMENT APPARATUS AND INFECTION IDENTIFICATION SYSTEM AND METHOD		
Art Unit 3761	Examiner TRUONG, Linh T.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.      01/10/2005 MWDGE1 00000015 500326 10090358

A check in the amount of the fee is enclosed.      01 FC:1253      1020.00 DA

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  
Deposit Account Number 500326. I have enclosed a duplicate copy of this sheet.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.

I am the  applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- attorney or agent of record. Registration Number 42,848
- attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

*Robert W. Mason*

4 January 2005

Date

03/03/2005 FILED 00:00:00 AM 2005 Signature

01 FC:1253

*Robert W. Mason*

Typed or printed name

210 255 6271

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of one forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2001

Application or Docket Number

*10/090358  
AC 702-US*

**CLAIMS AS FILED - PART I**

(Column 1)	(Column 2)
TOTAL CLAIMS	<i>* 10</i>
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	<i>* 10 minus 20 = * 0</i>
INDEPENDENT CLAIMS	<i>2 minus 3 = * 0</i>
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		(Column 1)	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 10	Minus	** 20	=	
Independent	* 2	Minus	*** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	FEES
BASIC FEE	370.00
OR	BASIC FEE 740.00
X\$ 9=	
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL	740
OR	TOTAL

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL ADDIT. FEE	
OR	TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		(Column 1)	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	* 10	Minus	** 20	=	
Independent	* 2	Minus	*** 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

ADDITIONAL FEE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL ADDIT. FEE	
OR	TOTAL ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		(Column 1)	(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

ADDITIONAL FEE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL ADDIT. FEE	
OR	TOTAL ADDIT. FEE

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.